



ADVISORY OPINION # 33

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Question: Is it within the role and scope of a licensed practical nurse (LPN) to practice without on-site registered nurse (RN) supervision under certain circumstances?

The South Carolina Board of Nursing acknowledges the practice of LPN's without on-site RN supervision under certain circumstances. The South Carolina Board of Nursing has adopted the following guidelines as minimally acceptable standards for the licensed practical nurse (LPN) to provide nursing care authorized for LPNs under the South Carolina Nurse Practice Act without the on-site supervision of a registered nurse (RN), licensed physician, or licensed dentist in home or residential care settings, public schools, and Department of Juvenile Justice (DJJ) and Department of Corrections (DOC) facilities and institutions, as specifically provided by S.C. Code Ann. Section 40-33-44:

A. Clinical Experience and Education Requirements

1. Before an LPN is employed to provide practical nursing care without on-site supervision, the LPN should have at least one (1) year of satisfactory clinical practice experience. The LPN should have demonstrated required competencies, as assessed and documented by a supervising RN.
2. The curriculum taught in practical nursing education programs is a standardized and tested curriculum based on the test plan administered by the National Council of State Boards of Nursing. The test determines minimal competencies for entering into the practice of practical nursing. Any additional acts to be performed by the LPN that are outside the practical nursing education program's test plan requires individual education and training including safety practices and other didactic instruction as well as clinical skill competency components. Prior to delegating an additional act to an LPN, the supervising RN should determine if such delegation is allowed by the SC Board of Nursing and if delegation can safely occur. Competency to perform skills outside the test plan should be validated initially and annually by a RN. The employer should have written policies in place to support delegation.

B. Plans of care and assessment of clients

An LPN who is responsible for data collection without on-site RN supervision in the following settings, as permitted by law, should provide nursing care within the scope of licensed practical nursing in this State and any additional competencies for which the LPN has been properly trained and validated. In each setting, the relationship between the LPN and the supervising RN should include, at a minimum, the following responsibilities:

- (1) In Home Health and Hospice Settings:
 - a. The RN should perform the initial assessment, determine appropriate care, and develop a plan of care for the LPN to carry out.
 - b. The RN is responsible for assuring that the LPN has successfully mastered the necessary competencies to follow the plan of care.
 - c. Documentation of education and training should be maintained in the individual LPN's education/training/personnel file.
 - d. The LPN is responsible for noting changes in the client status and notifying the RN and/or physician for further instructions.
 - e. The RN should make supervisory visits to the patients cared for by the LPN according to organizational policy and/or state regulations.

- (2) Public Schools and Department of Juvenile Justice and Department of Corrections Institutions and Facilities:
 - a. The RN should establish generic plans of care regarding the specific health care needs of the populations in the public schools or the Department of Juvenile Justice or Department of Corrections institutions and facilities for which the RN and LPN are responsible.
 - b. The RN is responsible for assuring that the LPN has successfully mastered the necessary competencies to follow the plan of care. Documentation of appropriate education and training regarding each competency should be maintained in the individual LPN's educational file.
 - c. The LPN is responsible for recognizing deviations from the applicable plan of care or health status and notifying the RN and/or physician for further instructions.
 - d. The RN should conduct chart reviews and make supervisory site visits to observe the LPN's practice on a periodic basis.

- C. Accessibility to Supervising RN:
 1. An emergency plan must always be in place to access the RN by telecommunication, such as a beeper or cellular phone. There must always be telephone capability for the LPN to contact 911.
 2. If the supervising RN is not available a back-up must be identified.

This statement is an advisory opinion of the Board of Nursing as to what constitutes competent and safe nursing practice.